

Waiver Updates

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Waiver Amendments

- July 2016 – Individual Options Waiver Nursing
 - Direct nursing service
 - Available to anyone enrolled in the IO Waiver who requires nursing services, not only people who transferred from the Transitions DD (TDD) Waiver
 - Funded by DODD
 - County boards submit requests to DODD for review
 - Skilled needs assessment form required
 - Proposed nursing schedule

Waiver Amendments

- July 2016 – Individual Options Waiver Nursing
 - Nursing services will be authorized when no other resources are available to meet needs
 - Unpaid supports
 - Private insurance
 - State plan services
 - Homemaker/personal care (HPC)

*For people transferring from TDD, it is important to discuss the possible transition from nursing to HPC with your SSA as early as possible.

Waiver Amendments

- October 2016
 - IO and Level One Waivers
 - Revised Homemaker/Personal Care definition
 - New Money Management service
 - SELF Waiver
 - Change 1-hour units of service to 15-minute units
 - Allow services to be billed in ratios when serving more than one person
 - Eliminate \$25,000 sub-cap for Community Inclusion, Remote Monitoring and Respite services for adults

Waiver Amendments

- October 2016 – New Adult Day Services in all waivers
 - Revised Adult Day Supports service
 - Revised Vocational Habilitation service
 - New Career Planning service
 - New Individual Employment Supports service
 - New Group Employment Supports service

Waiver Amendments

Highlights of Adult Day Services

- New outcome statements included within all services
- Flexible staffing ratios
- Behavior and medical add-ons applied (State pays for behavior add-ons.)
- Community integration add-on
 - Requires completion of DODD training
 - Community engagement with 1 – 4 individuals

Expanding Self-Direction

- Self-directed opportunities will be added to the Level One and Individual Options Waivers.
- People with developmental disabilities will have the option to have more control over what waiver services they receive, who provides them, and how they are provided.

Possible Expansion Options

- Employer Authority
 - Ability to select, train, hire, supervise, fire workers
 - Common Law
 - Individual or designee (family, friend, etc.) is legal employer
 - Co-Employer
 - Another agency is the legal employer
 - Individual/family manages the day-to-day work
 - Financial Management Service (FMS) helps with required paperwork and all payroll functions for both Common Law and Co-Employer

Possible Expansion Options

- Budget Authority
 - Ability to create a self-directed budget and to buy goods/services authorized in the person-centered plan
 - Most often used in waivers offering “participant-directed goods and services”
 - Generic, non-specialized services
 - Decrease need for assistance from others
 - Not otherwise available through other resources, including the Medicaid state plan or the waiver

Possible Expansion Options

- To what services would employer and/or budget authority apply?
 - Homemaker/Personal Care
 - Transportation
 - Other?
- In what settings could these authorities be used?
 - People who live alone
 - People who live with family
 - Other?

Frequently Asked Questions

If I am enrolled in the Level One or Individual Options Waiver, will I be required to participate in self-direction?

- No. People who wish to continue to receive traditional services without exercising employer or budget authority may continue to do so.

Frequently Asked Questions

Will people still be able to choose to work with independent providers as they do today?

- Yes. Expanding self-direction does not require individuals and independent providers to work together differently. It merely provides another option. People may choose to employ their workers and independent providers may choose to end self-employment, if desired.

Other Waiver Proposals

- Create a single shared living service
- Implement a new Residential Habilitation service
- Consider add-on for people with complex physical needs
- Consider funding options for nursing delegation

Overtime Payments

- Effective January 1, 2016 independent providers working more than 40 hours in a work week could submit claims for overtime payments.
- During this budget cycle, overtime costs are paid by the state and do not impact individual budgets.

Overtime Payments

- Changes proposed for next budget:
 - County boards begin paying non-federal share of overtime costs in specific situations
 - Overtime costs begin to impact individual budgets
- Overtime for independent providers will be authorized only
 - For emergencies
 - When no other provider is available
 - When a person is on vacation or otherwise traveling
 - When requiring additional providers places the person at risk of significant harm due to specialized needs

Statewide Transition Plan

- CMS approves plans in two phases
 - “Initial approval” = Systemic remediation approved
 - “Final approval” = Settings remediation approved
- Ohio received initial approval June 2, 2016

Statewide Transition Plan

- Office of Provider Standards and Review (OPSR)
 - Reviewing/approving providers' remediation plans
 - Conducting settings evaluations with ongoing reviews
- Teams from various divisions are conducting on-site reviews of other settings
 - Those presumed to have institutional qualities, based on the CMS definition
 - CMS requires states to send evidence that settings do meet the home and community based criteria

Questions?